

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Mr. Carl Elsea, Plant Manager  
PMS Consolidated, Missouri Division  
P.O. Box 497  
St. Peters, Missouri 63376

RE: MOD093749919

Dear Mr. Elsea:

On August 4, 1982, we contacted you for the purpose of providing you the opportunity to correct or confirm the status of your facility in the Federal Resource Conservation and Recovery Act (RCRA) program. We asked you to respond to us in writing within 15 days of receipt of this letter in order to avoid possible compliance action. To date, we have received no response. On the chance that the letter may have not been received, we are sending you this certified mail request to provide one more opportunity to respond before we initiate a compliance referral. It is imperative that you contact us no later than November 30, 1982, so that your facility's status may be accurately described in the RCRA system. In responding, please consider the information which follows.

Our records show that in 1980, you submitted RCRA notification for the above listed facility, and indicated that it was involved in the "treatment, storage and disposal" (TSD) of a hazardous waste as defined in 40 CFR Parts 260-265. However, you did not elect to complete your request for Interim Status under the Act by following that notification with the submittal of a Part A Permit Application. It is no longer possible to receive Interim Status except under selected conditions according to the RCRA regulations, but as a "TSD" facility, you may be subject to the full RCRA permitting regulations unless you advise us to the contrary.

Many persons completed this notification form incorrectly, so for purposes of clarification, you should consider the following in determining your correct status under the regulations:

1. If you treat on site, store on site longer than 90 days, or dispose on site any of the hazardous wastes listed in 40 CFR Part 261, your facility is probably correctly identified as a TSD.
2. If you generate, as a result of operating processes, one or more of these listed wastes in excess of 1000 kg per month (2200 lbs) or 1 kg per month (2.2 lbs) of an acute hazardous waste as listed, and if you do not store these wastes for longer than 90 days, then your facility is probably correctly identified as a generator.

ARWM:WMBR:SPRS:B.HARRIS:jp:x6534:10/19/82

SPRS      SPRS      WMBR  
HARRIS    MCLAUGHLIN MORBY

443649



RCRA RECORDS



3. If your facility is engaged in the transportation of any of these hazardous wastes in the course of your operating processes, then it is probably correctly identified as a transporter. If the material is transported from your facility by another firm, then your facility is not transporter.
4. If you generate, as a result of your operating processes, one or more of these listed wastes in excess of 100 kg per month but less than 1000 kg/month your facility is a generator by definition under the Missouri State Hazardous Waste Law and Regulations, but is defined as a "small quantity generator" under the Federal RCRA regulations.
5. If you notified us under RCRA because your hazardous waste was identified as "PCB's," you are regulated under the Toxic Substances Control Act (TSCA), and may be exempt from regulation under RCRA.
6. You should have checked block "D", Underground Injection, if an injection well is located at your facility. An injection well is defined as any man-made hole in the ground that is deeper than it is wide and that is used for the subsurface placement of fluid, including septic tanks that have the capacity to serve 20 or more people.

In order to correctly identify your facility's status within the program, it is very important that you consider the above points and respond to us in writing within 15 days of the date of receipt of this letter, providing us with the correct information. The letter should be signed by the person who signed the initial notification, or if that person is no longer employed by the facility, it should be signed by his or her successor and your letter should so state. If we do not hear from you within 15 days, it will be necessary to refer your file to our Compliance staff for additional follow-up.

If you have any questions about this process, please contact Ms. Betti Harris, Missouri Coordinator, who can be reached at 816-374-6534.

Thank you for your cooperation.

Sincerely yours,

Robert L. Morby  
Chief, Waste Management Branch  
Air and Waste Management Division

cc: David Bedan, Director  
Waste Management Program, MDNR

Enclosure



- **SENDER:** Complete items 1, 2, 3, and 4.  
Add your address in the "RETURN TO" space  
on reverse.

**(CONSULT POSTMASTER FOR FEES)**

1. The following service is requested (check one).

☒ Show to whom and date delivered ..... —\$  
☐ Show to whom, date, and address of delivery.. —\$

2. ☐ **RESTRICTED DELIVERY** —\$

(The restricted delivery fee is charged in addition to  
the return receipt fee.)

**TOTAL \$** \_\_\_\_\_

3. **ARTICLE ADDRESSED TO:**

Carl Elsea  
Pms Consolidated, MD Division  
P.O. Box 497  
St. Peters, MD 213376

4. **TYPE OF SERVICE:**

☐ REGISTERED ☐ INSURED  
☒ CERTIFIED ☐ COD  
☐ EXPRESS MAIL

**ARTICLE NUMBER**

**(Always obtain signature of addressee or agent)**

I have received the article described above.

**SIGNATURE** ☐ Addressee ☐ Authorized agent

5.

**DATE OF DELIVERY**

11-3-82

6. **ADDRESSEE'S ADDRESS** (Only if requested)

**POSTMARK**

7. **UNABLE TO DELIVER BECAUSE:**

7a. **EMPLOYEE'S INITIALS**

EL

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

**UNITED STATES POSTAL SERVICE**  
**OFFICIAL BUSINESS**

**SENDER INSTRUCTIONS**

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

**PENALTY FOR PRIVATE  
USE TO AVOID PAYMENT  
OF POSTAGE, \$300**



**RETURN  
TO**



U.S. Environmental Protection Agency  
(Name of Sender)

324 East 11th Street  
(Street or P.O. Box)

Kansas City, MO 64106  
(City, State, and ZIP Code)  
ATTN: Betti Harris

P 266 541 550

# RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

SENT TO				Carl Elseg	
STREET AND NO.				PMS Consolidated, MO Div.	
P.O. Box 497					
P.O., STATE AND ZIP CODE				St. Peters, MO 63376	
POSTAGE				\$	
CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE		¢	
		SPECIAL DELIVERY		¢	
	RETURN RECEIPT SERVICE	RESTRICTED DELIVERY		¢	
		SHOW TO WHOM AND DATE DELIVERED		¢	
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY		¢	
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		¢	
	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		¢		
TOTAL POSTAGE AND FEES				\$	
POSTMARK OR DATE					